

HOTEL REGISTRATION FORM AT COLUMBUS MONACO HOTEL

IMUG 2002

6 SEPTEMBER 2002

To be returned, duly filled in, no later than 15/08/2002*.

Surname :
First name :
Address :
Telephone :
Fax :
E-mail :

PREFERRED RATE:

Single room: **215 Euros** per single room and per night.
Double room: **225 Euros** per double room and per night.
Buffet breakfast and taxes: **Included in room's rate.**

NUMBER OF ROOMS REQUESTED:

- Single: - Double: - Twin:
Dates: Arrival Departure

PAYMENT PROCEDURE:

- Payment by credit card:

Credit card number: Expiration Date
Name on credit card:.....
Billing address:

- Payment by check, to be sent to :

Columbus Monaco, 23 Avenue des Papalins, 98000 MONACO.

POLICY:

For stays between one (1) and three (3) nights, the hotel will charge directly one night to participant's credit card.

CANCELLATION OR NO SHOW :

The participant is allowed to cancel its reservation until **15/08/2002*** without penalties. If the cancellation occurs after this date (or no-show), deposits will be kept as penalties.

A reply confirmation for the above reservation will be sent to you.

For any further information, please contact **Mrs Sylvie TAGGIASCO**

Tel : 00377.92.05.82.41.

Fax: 00377.92.05.23.86.

E-mail: staggiasco@columbus.mc

Read and approved in writing / signature : _____

*** Please note that the dates are in European style.**